

**Participant
Name:** _____

Please print (First, MI, Last)

ID#: _____

(Use Employee ID # or University ID # or Social Security #)

INSTRUCTIONS: Please type or print the required information. Attach the appropriate documentation: Explanation of Benefits (EOB), receipts, itemized invoices, or other documents indicating date(s) of service, patient name, name of provider or service, type of service, and amount requested. See page two for details.

If submitting a hard copy, tape receipts to an 8.5 x 11 piece of paper. Staple documentation to the back of this form. Incomplete or incorrectly completed forms will delay your claim payment.

Sign and submit claim to the University Benefits Office, 120 University Services Building, Suite 40, OR fax to (319) 335-2776, OR e-mail to benefits@uiowa.edu. PDF is our preferred format for electronic submissions (keep the file size below 2 mb).

Claim forms that are completely and correctly filled out will expedite your claim payment process. Important! Be sure to make copies for your records.

	Date Services Were Provided	Patient Name	Name of Provider of Service	Amount Requested
1	/ /			\$
2	/ /			\$
3	/ /			\$
4	/ /			\$
5	/ /			\$
6	/ /			\$
7	/ /			\$

TOTAL AMOUNT OF REIMBURSEMENT REQUESTED

\$

Participant's Signature

(REQUIRED)

Date
 / /

I request payment from my Health Care Spending Account for qualified expenses itemized above for myself, my spouse, or my IRS-eligible dependents. I certify that I have not been reimbursed under this Plan or from any other source for these expenses. I certify that I have met all of the requirements for eligible medical expenses. I certify that reimbursed expenses cannot be claimed as deductions on my personal income tax return. I also understand that the Internal Revenue Service may require proof that these are eligible expenses and that I am responsible for providing such proof.

**The deadline for submitting claims for calendar year 2009 is April 30, 2010.
Any remaining funds in your account as of May 1, 2010 are forfeited.**

Updated 09/09

OFFICE USE ONLY

The expenses itemized above have been reviewed and processed for payment.

Initials/Date

[08-845]

Allowable health care expense information is available at www.uiowa.edu/hr/benefits/fsa.html.

- Allowable expenses covered, but not fully reimbursed by any benefit or insurance plan: Attach a copy of the plan's Explanation of Benefits statement (EOB) as documentation. If the receipt does not clearly identify the product, attach a photocopy of the box or bottle.
- Allowable expenses not covered by any benefit or insurance plan: Attach bills or receipts that indicate the name and address of the provider of service and/or the name of the product.
- Use of Flexible Spending Accounts Funds and Returns
Caution – Product Returns and Cancellations: According to the Internal Revenue Code, money received by an employee for claims filed under the Flexible Spending Account Program must be used for the purposes authorized.
If money is requested for the purchase of a product which is subsequently returned, or the order for the product is cancelled, then the money received by the employee must be returned to the University to be credited to the employee's Flexible Spending Account. The funds may be used for other appropriate purposes for that year. Failure to return funds to the University in these situations is a violation of University policies and IRS regulations. **Abuse of the Flexible Spending Account program will result in disciplinary action against the employee including possible termination, reporting of taxable income to the IRS and/or criminal charges for theft.**

Instructions

Type or print the required information. **Incomplete or incorrectly completed forms will delay your claim payment.**

1. **Date Services Were Provided:** Provide service date, not billing date. If you have entered the plan mid-year or terminated participation, only expenses incurred while you were an active participant are eligible for reimbursement.
2. **Patient Name:** Name of eligible family member receiving the service.
3. **Name of Provider of Service:** Provide the name of the company or individual providing the service.
4. **Amount Requested:** Indicate the amount of expenses eligible for reimbursement. Proper documentation must be provided for reimbursement.
5. **Documentation:** After completing the reverse side of the form, attach documents described under a. or b. below.
 - a. **Explanation of Benefits statement (EOB):** This is the statement you receive from an insurance provider after a claim has been submitted. The EOB indicates expenses paid by the plan and the amount you must pay.
 - b. **Expenses not covered by insurance:** For expenses not covered by your insurance plan, reimbursement requests will not be processed without acceptable evidence of your expenses. A cancelled check is not acceptable evidence. Acceptable evidence includes receipts, which contain the following information:
 - 1) Type of service or product provided; 2) Date expense was incurred; 3) Name of employee or dependent for whom the service/product was provided; 4) Person or organization providing the service/product; 5) Amount of expense; 6) For over-the-counter products, the receipt must indicate the name of the product and date purchased.
6. **Signature:** Sign and date your form. **Unsigned forms will be returned to you.**
7. **If submitting a hard copy, tape receipts to an 8.5 x 11 piece of paper. Staple documentation to this form.**
8. Sign and submit claim to the University Benefits Office, 120 University Services Building, Suite 40 OR fax to (319) 335-2776, OR e-mail to benefits@uiowa.edu. PDF is our preferred format for electronic submissions (keep the file size below 2 mb).

Payments

- Claims are generally processed by the University Benefits Office within seven to ten (7 to 10) days of receipt.
- If there are problems with the documentation attached, reimbursement will take longer. We pay direct deposit claims daily, but because of claim volume, we cannot guarantee claims received on a certain day will be processed on that day's payment cycle. In addition, if the University or banking system is closed for holidays, the payment will be delayed to the next appropriate business day.
- Your spending account reimbursements will be direct deposited to the same institution and account where your monthly payroll check is deposited. If you wish, you may use a different institution and/or account for your spending account(s) payment. You can make that change in the University Employee Self Service site under the Payroll Direct Deposit section: <https://hris.uiowa.edu> or by filling out the following paper form at <http://www.uiowa.edu/hr/payroll/forms/ddfbt.pdf> and submitting it to the Payroll Office at 120 University Services Building, Suite 30.

**Visit: <http://www.uiowa.edu/hr/benefits/spendacct/index.html> to learn more and for printable forms.
Personal account information is available on the Employee Self Service Site: <https://hris.uiowa.edu>.**
